

REGISTRATION SERVICE QUESTIONNAIRE

OL NUMBER
NAME

INSTRUCTIONS:

1. Type or print clearly in blue or black ink.
2. This form and the Field Office Registration Service Employee Listing, OL 607A, must be submitted to each field office where transactions will be submitted for processing by the department.

NOTE: The following questionnaire was developed to assist the Field Office Operations Division in determining the registration services workloads and special processing needs necessary to assign them to a department office(s). While every effort will be made to accommodate registration service preferences, each registration service and/or branch location will be assigned to a specific department office(s). Should the assigned department office(s) become over-saturated, work will be redirected to other sites.

SECTION A — FIRM INFORMATION

FIRM NAME		OCCUPATIONAL LICENSE NUMBER	
FIRM ADDRESS	CITY	STATE	ZIP
MAILING ADDRESS (IF AUTHORIZED BY DMV)	CITY	STATE	ZIP
CONTACT PERSON	DATE	PHONE NUMBER ()	

SECTION B — DMV OFFICE(S) INFORMATION

Please provide the following information regarding the department office(s) where you currently do business:

OFFICE NAMES	TOTAL ITEMS SUBMITTED MONTHLY ON A LISTING SHEET	+	TOTAL ITEMS SUBMITTED MONTHLY OVER-THE-COUNTER	=	TOTAL ITEMS SUBMITTED MONTHLY
1.					
2.					
3.					
4.					
5.					

SECTION C — SPECIAL PROCESSING NEEDS

Please list any special processing needs you may have (e.g. lien sales, permanent fleet registration, delete from prorate, etc.)

SECTION D — OFFICE NAMES

Please provide the name(s) of other offices which would be convenient if your special needs could be met.

1st Choice

2nd Choice

3rd Choice

4th Choice

5th Choice

